BINDING

IARGIN RESERVED

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11 AUG A 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on hack of certificate.
	PL	luor	J.F.	Ver
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County Conto	7 . /	Kegis	stration Dist. No. 66
Village or City Lear O	Edgeley	No	St., Wa
Length of residence in city or town where d	leath occurred 50 Oyrs mos	death occurred in a hospital or institution, give it	ts NAME instead of street and number)
2. FULL NAME Gray			
	Biaclos	If U. S. Veteran, specify V	WAK
(a) Residence: No.	(Usual place of abode)	St., Ward.	nresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFI	
3. SEX 4. COLOR OR RACE 3. SEX	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	17th 1936
5a. If marriad, wildowed, or divorced HUSBAND ot (or) WIFE of	Brown	a mith	(Day) (Year)
6. DATE OF BIRTH (month, day, and year)	Jaw. 15-101 18700	I last saw h. Lase alive on Jane	1, to feel 162 , 19 J
7. AGE Years Months	Days It LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and rela	ated causes of importance
8. Trade, protession, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	ay Lober on Fre	Chronic Jost	Tritis Date of one
SAWYER, BOOKKEEPER, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) / July (State or country)	Pelioto		Emmorshoge:
II 13. NAME Ses. B	rown	to cancer. Crys	erse; mot does 1
14. BIRTHPLACE (city or town) (State or country)	Euryland	Name ot operation	
15. MAIDEN NAME WOL-	Luciu	23. If death was due to external causes (VIDL)	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury, 19
17. INFORMANT Carradid	Brown	(Specify Specify whether injury occurred in INDUSTR	y city or town, county and State) Y, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Date Jelly 19, 19 3 4	Manner of injury	
19. UNDERTAKER Z. Z. Z. Z. (Address)	2001	24. Was disease or injury In any way related t	
20. FILE LELLY /8 , 1936	Javavis Registrar.	(Signad) (Address)	ell amo 2 m.
11		2411 N. Charles Street, Baltimore, Requesting V.	a la fal

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Example	I	li li	Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CINEL) 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	, - 1 3 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	IG 4 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

(131)

	item of infor-	should state	of OCCUPA-	1
8	RECORD, Every	Y. PHYSICIANS	Exact statement	
BINDING	PERMANENT	EXACTL	·ly classified.	ate.
FOR	S IS A	stated	proper	certific
MARGIN RESERVED FOR BINDING	ING INK-THIS	AGE should be	o that it may be	tions on back of
MARGIN	WITH UNFAD	efully supplied.	in plain terms, s	ant. See instruc
S. No. 1	. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
S	· B	1	-	1

1. PLACE OF DEATH

County	Caroline			Registration Dist. No. 64	
Village or	City Federals	burg (or	utside)	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Langth of re	sidenca in city or town where	death occurred	8 Oyrs mos	death occurred in a nospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?m	number)
	ME Sarah			If U. S. Veteran, specify WAR	
	nce: No. Federa				**********
					State
	NAL AND STATIS	_		MEDICAL CERTIFICATE OF DEATH	
Female Female	Color or RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word) OWED	21. DATE OF DEATH July 9 (Month) (Oay)	, 193_6
5a. If merriad, wido HUSBANO of (or) WIFE of		re Burt	on	22. I HEREBY CERTIFY, That I attended	daceased from
6. DATE OF BIRTH	(month, day, and year)	About 18	356	I last saw by aliva on 2 who 6 193	19 3
7. AGE Ye	Months 80	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
kind of	ession, or perticular work done, as SPINNER,	House	work	Were s follows: Dis Cular Cular Cular	Data of onset
9. Industry or work w	R, BDDKKEEPER, etc business in which as done, as SILK MILL, ILL, BANK, etc	Own h	ome	Orebeval Hemorrhage	1931
O 1D. Date decaa this occ year) .	sed last worked et upation (meath and	Spi	tima (yeers) ent in this Life cupation Life	Other Contributory Causes of Importanca:	
12. BIRTHPLACE (c) (State or co)	city or town) Caro untry) Mary	line Cor land	unty	ference .	Quel 5
13. NAME	William J	ohnson			1
	E (city or lown) Car	oline Coyland	ounty	Name of operation Oate of Whet test confirmed diagnosis? Cena each Was there an	110
当 15. MAIDEN N	AME Sarah	Ann Sat	terfield	23. If death wes due to external causes (VIOLENCE) fill in also the following	
6 16. BIRTHPLAC	CE (city or town)	roline (County	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address)	Charles Federalsbur			(Specify city or town, county and Sta Spacity whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
18. BURIAL, CREMA	t. Paul, Md			Mennar of injury	
19. UNDERTAKER _ (Addrass)	J. J. Fra Federalsh	mptom & urg, Ma:	Son ryland	24. Was disaase or injury in any way ralated to occupation of deceased?	118
20. FILEDJULY	10 ,19 36 5	. S. Fro	Registrar.	(Signad) W. E. Serry (March) (Address) Filacian March (March)	74, M. O

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Exam	ple I	li	Example II	
The principal cause of death a of importance were as follows: Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1201921	Run over by street car	1 week ago
Cerebral hemorrhage	100	July 5,1927	Peritonitis	3 days ago
	BUREAU	S.		
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

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D. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT	ГН			93-2
County	Carolin	ne		Registration Dist. No. 63
Village or City			(li	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) is. ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NAME				
(a) Residence: No.		(Usual place		St.,Ward. If nonresident give city or town and State
PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merriad, widowed, or divo HUSBAND of (or) WIFE of Fred		~ ₀ .		22. / HEREBY CERTIFY. Theta attended deceased from
6. DATE OF BIRTH (month, day		1906		1 last saw h less alive on
7. AGE Yeers	Months	Deys	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profassion, or pa kind of work done, SAWYER, BODKKEE 9. tndustry or business in work was done, as S SAW MILL, BANK, a 10. Date deceased last wor this occupetion (mor year)	es SPINNER, PER, etc	spar	me (years) It In this Ipation	Kluri Mifolarlipo 7/1/3
12. BIRTHPLACE (city or town). (State or country)	Ma	ryland		Other Contributory Causes of Importance:
13. NAME	John Cha	ase		
13. NAME 14. BIRTHPLACE (city or to (Steta or country)	wn)Ma	ryland		Neme of oparation Deta of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME	Julia	Webb		23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or to	vn) M	aryland	~~~~~~~~~	Accident, suicida, or homicide? Date of Injury, 19 Where did Injury occur?
17. INFORMANT Juli (Address)	a Chase Preston			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR R Placa Mt. Pl		Date July	19 ,,,36	Manner of Injury
19. UNDERTAKER W. (Address)			gn,	24. Was disaase or Injury In any way raleted to occupation of daceesed?
20. FILED. July. 18,1	9.36	holes la	7 - I Registrar,	(Signad) (Address) (Address) (Address)

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45	- Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	AUG 5 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	<u> </u>	May 1,1923	Gastroenteritis	1 year
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PHYSICIANS statement Exact 3 RESERVED plnous may back instructions ARGIN See fully d important. DEATH pluods OF mation LION

Registration Dist. N Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred /O ds. How long in U.S. if of foreign birth? ______yrs. _____mos. ____ds. f U.S. Veteran specify WAR. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Mured (Month) 5a If married, widowed, or divorced HUSBANO of 22. CERTIFY. That i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) i last 7 ACE Yaars Month! If LESS than Davs to have occurred on the date stated about et As 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 10 or____min. were as follows Onte of onset 8. Trade, profession, or particular kind of work done, es SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 11. Total time (years)
spent in this 10. Date decaasad last worked at this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of oparation (Stata or country) What test confirmed diegnosis? Wes there an au'opsy?____ MOTHER 23. if death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 19___ 16. BIRTHPLACE (city or town). (Stete or country) Whare did injury occur?_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMAZION, OR REMOVAL Menner of injury Nature of injury 24. Wes disaase or ay related to occupation of daceased? 19. UNOERTAKER (Addrass) If so, specify 20, FILED LUCIA C (Address)

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY,

V. S. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE OF				82-0		1.1
	arsem				Registration Dist. No	.66
Village or C	ity Mudge	ley	(1	death occurred in a hospital or institut	tion, give its NAME instead	St., Ward
Langth of resi	dence in city or town where	death occurred_32	yrs mos	ds. How long in U.S. if of	foreign birth?yrs	ds.
2. FULL NA	ME Jasky	. Mil	keal he	edwilf U. S. Veteran,	specify WAR	
(a) Residen	ce: No./	Usual place	Model abode)	St., Ward.	If nonresident give city	or town and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF D	EATH
3. SEX	4. COLOR OR RACE	S. SINGLE, MARI OR DIVORCEI	(write the word)	21. DATE OF DEATH	(Morth) (Oa	/ y) , 193 6 (Year)
5a. If marriad, widow HUSBANO of	ad, or divorcad	0 .		22. I HEREBY	CERTLEY. That	l attanded deceased from
(or) WIFE of	makel I	dwg		aug 30	193 3, to July	3/ 1936
62DATE OF BIRTH	month, day, and year) Z	cas, 10	1820	1 last say h_/M _ aliva on	July /30	, 19.3.6; death is said
7. AGE Yea	/	Days	If LESS than	to have occurred on the date state		
50 6	6 2	20	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and ralated causas of impo	Oste of onset
the same than a same	ssion, or particular work done, as SPINNER BOOKKEEPER, etc.	. let	Jun Beal	pof p		
	BOOKKEEPER, etc	aspec	rusper	arleroschere	are	years
Work was	s dona, as SILK MILL, L, BANK, etc	leant	_	Nesaspul	Mea.	8 min
10. Oate decaas	ad last worked at pation (month and , C, 2	11. Total ti	me (years)	Primary Chuse: Co	Abral hemorrh	
year)	193		pation 2.04	Other Contributory Causes of Impo		
12. BfRTHPLACE (cit (State or cour		hall	nep	Other Courselery Causes of Impo		
13. NAME	Jalen X	udlvi	-y .			
13. NAME	(city or town)			Nama of operation	ul_ o	- Oate of
(Stata UI		rufgee	71	What tast confirmed diagnosis	mid Judy	asthara an autopsy?
15. MAIOEN NA	Meluargre	Stiles	lurg	23. If death was due to external cau	ses (VIOLENCE) fill In also	tha following:
		~~~~		Accident, sulcida, or homicida?	Date of in	jury, 19
≥   (State or	country)	man	3.	Where did injury occur?	(Specify city or town, co	untw and State)
17. INFORMANT (Address)	ure mobil	Jud	illing	Specify whether injury occurred In	INOUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMAT	TON; OR REMOVAL	1 6	6 2 2 31	Manner of Injury		
Piaca	and the	Data	J. A., 19.53.	Nature of injury		
19. UNOERTAKER (Addrass)	J. Thing	il al	Con	24. Was disease or injury in any wall for so, specify	ay related to occupation of d	aceased? YO
0	/ 1936	Chors	Paris.	(Signad)	July 1	М. С

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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E	xample 1		Example II		
The principal cause of dea of importance were as foll Arteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 4 193	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.	S			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				- F	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	IYSICIAN
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Registrar.

If-more blanks are needed, address State Registrar, 24114N. Charles Street, Baltimore, Requesting H. S. No. 1.

IM RULLANT

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY

N. B.

FOR BINDING

IARGIN RESERVED

infor-

Exact statement of OCCUBA-

properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

1. PLACE OF DEATH	92-0
County Courseling	Registration Dist. No. 62
Village Dr City Zuan deutone	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosd.ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / ellie / yatt	cokeristus. Veteran, specify WAR
(a) Residence: Np. October (Usual place of abode)	St., Ward.  If nonresident give eily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	
5a. If married, widowed, or divorced Bushand of Jesel B Rickering	22. I HEREBY GERT FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	6 I last sow half elive on July 80° 19 6; death is said
7. AGE Yaars Months Days If LESS th	
69 6 14 Iday,	. West 3a follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	Mhal Ceppydalin,
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month end year) year) occupation	
12. BIRTHPLACE (city or town) Constant State or country)	Other Contributory Causes of Importance:
E 13. NAME Howas Sreed	
13. NAME Hawas See 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME orissila Wyat	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
17. INFORMANT Fired B Pelepseng (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place d'electron Date Curg. 0, 19	Nature of injury
19. UNDERTAKER Selsingel Hoor	24. Was disease or injury in any way ralated to occupation of deceased?
20, FILED 8-3, 136 Im 10 9 cm 0	(Signed) Messer & Muller M. D.
Registre	ar. (Address) Autom

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Example I				Example II	
The principal cause of death and related causes Date of onset of importance were as follows:				The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S	July 5,1927	Peritonitis	3 days ago
), and					
Other contributory causes	of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 pluods County Casa Registration Dist. No. Village or City Centon No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) Jo Length of residence In city or town where death occurred mos.____ds. How long in U.S. If of foreign birth?__ statement bus If U.S. Veteran specify WAR.... PHYSI (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced IHEREBY That I attemded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Days If LESS than to have occurred on the date stated above. 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 86 or ___ min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ..... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Slate or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) Jalbot En-What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: .= Accident, suicide, or homicide?______ Date of injury______ 19 DEATH 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?_____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should OF ] (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER U (Address)/ If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis AIIC 5 1030	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Caroline	Registration Dist. No. 66
Village or City Medyely Ind.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME auderson Smith.	
(a) Residence: No. Whenton md Reday	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (awrite the word)  Male  Manual  M	21. DATE OF DEATH (Marth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reseallee Sunds.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 9, 1893	I last sow hard alive on stelly 3 1 19 5 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 28 D Pm.
43 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, AWYER, BOOKKEPER, etc.	Lucha Javal no:
kind of work done, as SPINNER, AWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this necunation (month and) separt in this separt in this separt in this	
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation  coupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance;
13. NAME Vickworser	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME  Mulli State or country  (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Resilea Smith; (Address) Seulon Ind R Fi ().	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Combined and Date July 9 1936	Manner of injury
19. UNDERTAKER P. B. Raukungs	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Scieno togo Mind.	If so, specify
20. Filedfulg 9, 1936 Down. Registrar.	(Signed) Shorth of freediffing M. D.  (Address) freen for freed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Chronic interstitial nephritis	301921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	. 3-			
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:	7	
Gallstones	May 1,1923	Gastroenteritis	1 year	

